

BEST AVAILABLE COPY

MULTIPLE DEDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1.							51		
2.							52		
3.							53		
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43.							93		
44.							94		
45.							95		
46.							96		
47.							97		
48.							98		
49.							99		
50.							100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		